

## WAIVER OF RETIRED MILITARY PAY

Name:

Address:

City:

State:

Zip Code:

Military Serial Number:

Social Security Number:

I am retiring from a federal civil service position and am combining my military and civilian service for purposes of retirement benefits.

I hereby waive my military retired pay for civil service retirement purposes.

The effective date of this waiver is:

☐ \_\_\_\_\_ (The day before my civil service annuity commences since the military service is not needed to establish title to an annuity).

☐ \_\_\_\_\_ (The date of separation for retirement since the military service is needed to establish title to an annuity).

Retired military survivor benefits:

☐ I am also **waiving** my retired military survivor benefits since I am electing survivor benefits under my federal civil service retirement.

☐ I **want to keep** my retired military survivor benefits and understand that I will make separate payments directly to the military finance center for these benefits.

I hereby authorize the Office of Personnel Management to withhold from my civil service retirement annuity any amount of military retirement pay granted beyond the effective date of this waiver due to any delay in receiving or processing this election.

In addition, I request that your office notify the Retirement Division, Office of Personnel Management, Washington, DC of the effective date of termination of my military retired pay and furnish me with a copy of such notification.

I understand that if I have current allotments from my retired military pay that I am responsible for making arrangements for the payments. These allotments will not transfer to my federal civil service retirement annuity.

Signature

Date

### SEND WAIVER TO

Mailing Address: Defense Finance and Accounting Service  
Cleveland Center (DFAS-CL/RO)  
Retired Pay Operations  
P.O. Box 99191  
Cleveland, OH 44199-1126

Fax Number: 1-800-469-6559

Phone Number 1-800-321-1080